

Fee: Received _____

KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. BOX 1360

FRANKFORT, KENTUCKY 40602

<http://finance.ky.gov/ourcabinet/caboff/OAS/op/>**APPLICATION FOR LICENSURE AS A MASSAGE THERAPIST**

Please attach the application fee of **\$50.00** that is non-refundable. Make payable to Kentucky State Treasurer. If your application is approved you will be required to submit **\$75.00**, the remainder of the **\$125.00** fee.

1. Application information - Please print or type.

Name: Last		First	Middle
Mailing address: Street		City, State	Zip Code
Business address: Street		City, State	Zip Code
Telephone Number	Social Security Number	Date of Birth	

2. Are you a citizen of the United States? Yes ____ No _____. If no, name country of citizenship and attach a copy of your U.S. Department of Immigration documents which grant you legal permission to work in the United States. Country: _____

3. Have you ever been convicted of a Felony? Yes ____ No _____. If yes, please attach explanation and supporting documentation.

4. Have you ever been convicted during the past five (5) years of a misdemeanor or any violation?

Yes ____ No _____. If yes, please attach explanation and supporting documentation.

5. Have you ever been licensed, certified or registered as a massage therapist in any state?

Yes ____ No _____. If yes, please list below.

STATE	LIC/CERT/REGISTRATION NUMBER	DATES EFFECTIVE
_____	_____	_____
_____	_____	_____

If there are additional licensees/state certifications/registrations or municipality permits besides those listed above, please attach an additional sheet containing this information.

6. Have you ever been subjected to disciplinary action by a state or local government licensure board, NCBTMB, or a professional association of massage therapy? Yes ____ No _____. If yes, please attach explanation and supporting documentation.

7. Is your license as a massage therapist currently under disciplinary review in another state?

Yes ____ No _____. If yes, please attach explanation.

8. Have you ever had an application for licensure as a massage therapist denied? Yes ____ No ____.
If yes, please attach explanation.

9. EDUCATION: Please list schools attended.

Name of school	City, State	Dates attended	Type of degree or diploma
_____	_____	_____	_____
_____	_____	_____	_____

Please have the school or institution send a copy of official transcript to the Kentucky Board of Licensure for Massage Therapy.

10. NATIONAL CERTIFICATION: If this is applicable to you please have the certifying agency send your report directly to the Kentucky Board of Licensure for Massage Therapy. Yes ____ No ____.

11. Employment history as a massage therapist. Begin with current employment and account for all time.

	FACILITY	CITY, STATE	DATES OF EMPLOYMENT	POSITION
PRESENT:	_____	_____	_____	_____
PAST:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

If additional space is needed, please attach an additional sheet containing this information.

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any misrepresentation or falsification on this application, I could be rejected or my license revoked by the Kentucky Board of Licensure for Massage Therapy.

DATE: _____ APPLICANT'S SIGNATURE: _____

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public _____, _____, _____
County State

Notary Seal My commission expires _____

DO NOT WRITE BELOW THIS LINE – FOR BOARD AND OFFICE USE ONLY

License #: _____ Date Issued: _____